



Idaho Council on Domestic Violence & Victim Assistance

# FY21 Grant Administration Training

July 8, 2020

# What we'll cover today...

Contract  
Requirements

Cost/Billing  
Procedures

Reports/Data  
Collection

Program  
Monitoring





# Contract Requirements



# Scope of Work Requirements

- Licenses & Insurance
  - Documents submitted to ICDVVA include:
    - Applicable service provider licenses, certifications
    - Certificates of insurance
- Victims Survey
  - Available to all clients
- Funding Acknowledgments
  - Printed materials, billboards, advertisements
- Annual Board Training
  - One or more board members
  - At least two hours of training



# Victims Survey

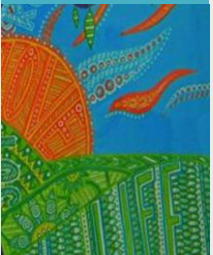
Clickable link for email, text, or other digital medium:

[IdahoCrimeSurvey](https://tinyurl.com/idahocrimesurvey)

Link to type into a web browser:

<https://tinyurl.com/idahocrimesurvey>

The QR code can be scanned by a smartphone:



# Calculating Your Federal Match

\*Federal share is 80% of Total Project Cost

For Example...

$$\begin{array}{ccccc} \text{(Federal Award)} & & \text{(80\%)} & & \text{(Total Project Cost)} \\ \$100,000 & \div & .8 & = & \$125,000 \end{array}$$

$$\begin{array}{ccccc} \text{(Total Project Cost)} & & \text{(20\%)} & & \text{(Required Match)} \\ \$125,000 & \times & .2 & = & \$25,000 \end{array}$$



# Calculating Your State Match

\*25% of your State Award

For Example...

$$\begin{array}{ccccc} \text{(State Award)} & & \text{(25\%)} & & \text{(Required Match)} \\ \$10,000 & \times & .25 & = & \$2,500 \end{array}$$

*(Thankfully, more straightforward!)*





# Cost/Billing Procedures



# Grant Administration Workbook

\*Send us the whole excel workbook every month!

- FY21 Budget Tracking Worksheet
- Billing Cover Sheet
- Payroll Worksheet
- Expense Summary Worksheet
- Quarterly Report Form
- Budget Adjustment Request Form



# Reimbursements

A few reminders...

- CASH BASIS reimbursements
  - The date you **paid** the expense must fall within the expense period.
- Scope of Work Adjustment
  - Required for reimbursement of expenses not budgeted.
- Budget Adjustment Form\*
  - Required for ALL budget changes.
- Electronic submission required\* (Scanner recommended!)

*\*New for FY21*



# Reimbursements

- Requests will be numbered (Draw 1, Draw 2, etc.)
- Expense periods = < 45 days (Calendar month not necessary)
- Due within 45 days from end of expense period
- Mileage reimbursed at \$0.575/mile
- Lease required for rental reimbursements.
  - Lease for office/shelter provided once a year.



# Reimbursements

The following are **NOT** allowable expenses:

- Office décor items
- Holiday decorations
- Party expenses
- Snacks served at meetings or classes
- Coffee and water for **office use**
  - Shelter use IS allowable



# Reimbursements

## Payroll Requirements...

- Time sheets for employees (also volunteers) that show:
  - Total hours worked
  - Total hours worked under our grants
  - Hours of Paid Time Off (PTO), *if applicable*
- Pay stubs (must show hourly rate or salary)
- Payroll reports with benefits information, or benefits invoices with breakdowns of employee names/amounts
- Proof of payment to benefits providers
- ACTUAL costs not PERCENTAGES to verify requests





# Pre-Approval Requirements

- Budget Adjustments
- Travel/Conferences
  - Visit [gsa.gov](https://gsa.gov) for travel per diem rates
- Asset Acquisitions
- Scope of Work Changes





# Reports & Data Collection

# Reporting Requirements

- Subgrant Award Report (SAR)
- Quarterly Financial Report & Match Documentation
- Performance Measurement Data
- Goals & Objectives Report



# Subgrant Award Report (SAR)

- Purpose: Provide basic information on each VOCA-funded program for OVC.
- Two levels of data:
  - Profile of programs receiving funds
  - Information on the activities that VOCA-funded subgrantees will implement
- Due: September 1st, 2020 at 5:00 p.m. Mountain



# Subgrant Award Report (SAR)

- PDF version of the report at:

<https://icdv.idaho.gov/grantees/forms-and-reporting/>

- Enter data at:

<https://ojpsso.ojp.gov/?CFID=49906680&CFTOKEN=347e6dbf0597c23a-6AD946BB-6825-540A-AC9D243222DD548F>





# Subgrant Award Report (SAR)

- Changes made to the award must be submitted **within 30 days** of the change taking effect. Examples:
  - Change in grant award amount
  - Change in point-of-contact
  - Change in services
  - Changes in budget or staffing
- Communicate all changes to Council Grant Manager through a Grant Adjustment Request. The Council will submit changes in the PMT.





# Subgrant Award Report (SAR)

- Programs will input information required for the following fields:
  - 4
  - 6: A, B, C, D
  - 8: A, B, C, D
  - 11: A, B, C, D, E, F
- Save your data!
  - Do **NOT** submit or certify.
  - The Council will review the information and submit on behalf of the State.



# SAR: Question 4

 OFFICE OF JUSTICE PROGRAMS

 OFFICE FOR VICTIMS OF CRIME

Performance Measurement Tool (PMT)  
Victim Assistance  
ID - Idaho Department of Health and Welfare

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[Subgrantee List](#) [Subgrantee Contact](#) [Subaward List](#)

Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the 'save' button before leaving the system unattended or when you're finished entering data.

SUBAWARDS

SubAward Number	Subaward Amount	Project Dates	Federal Award	SARS		Remove
Pre-populated	Pre-populated	07/01/2020 - 06/30/2021	2018-V2-GX-0002	In Progress	<a href="#">Enter/Edit Data</a>	<input type="checkbox"/>


[Go Back](#) [Add Subaward](#) [Update](#)


For technical assistance, contact the OVC PMT Help Desk at [ovcpmt@usdoj.gov](mailto:ovcpmt@usdoj.gov) or call toll-free 1-844-884-2503.  
The Office for Victims of Crime is a component of the Office of Justice Programs, U.S. Department of Justice.

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# SAR: Question 6: A, B, C, D

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[Subgrantee List](#) [Subgrantee Contact](#) [Subaward List](#) [Subaward Detail](#) [SAR](#) [Review](#)

Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the 'save' button before leaving the system unattended or when you're finished entering data.

SUBAWARD INFORMATION

State-assigned Subaward Number:

Subaward Amount:   
(Enter Federal Funds ONLY, NO MATCH)

Select Federal Award:

	Award Number	\$\$\$ from this award	A. Child abuse:	B. Domestic and Family Violence:	C. Sexual assault:	D. Underserved:
<input type="checkbox"/>	2019-V2-GX-0066	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input checked="" type="checkbox"/>	2018-V2-GX-0002	<input type="text" value="Pre-populated"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/>	2017-VA-GX-0056	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="checkbox"/>	2016-VA-GX-0060	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



# SAR: Question 6D, Underserved

**D. Underserved:** Pre-populated

D1. Underserved (DUI/DWI crashes):

D2. Underserved (assault):

D3. Underserved (adults molested as children):

D4. Underserved (elder abuse):

D5. Underserved (robbery):

D6. Underserved (survivors of homicide victims):

D7. Other Underserved (other violent crimes):

D8. Please briefly describe "Other Underserved (other violent crimes)":  
:   
You have 2000 characters left. (Maximum characters: 2000)

D9. Other Underserved (non-violent crimes):

D10. Please briefly describe Other Underserved (non-violent crimes):  
:   
You have 2000 characters left. (Maximum characters: 2000)

Total Underserved:  (Auto calculated)

D11. Please briefly explain how your state or territory defines "underserved" if other than what is listed above:  
This is determined by the state for all SARs. It will auto-populate all active SARs during the same federal fiscal year.


The Idaho Council on Domestic Violence and Victim Assistance defines underserved crime victims as those who are victims of the following victimization types: Survivors of homicide assault (nondomestic violence and nonsexual assault related) robbery adults molested as children elder abuse property crimes stalking and  
You have 1533 characters left. (Maximum characters: 2000)


It will auto-populate all SARs created for the same time period..





# SAR: Question 8: A, B, C, D

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**Organization:**  
Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the 'save' button before leaving the system unattended or when you're finished entering data.

SAR - PART1 (GRANTEE REQUIRED) +

SAR - PART2 -

7. Service Area (s):

Pre-populated

Other counties served outside of the State:

Description

8. Subgrant match (financial support from other sources)

A. Value of in-kind match: 0

B. Cash match: 0

C. Total match: 0.00 (auto-calculated)

D. Match waiver: ☐



# SAR: Question 11: A, B, C, D, E, F

## 11. BUDGET AND STAFFING:

*INSTRUCTION: Indicate below the requested information based on the subgrantee's current fiscal year. Report the total budget available to the victim services program, by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, then only report the budget for the victim advocate unit. NOTE: Do not include in-kind match; do not report sums less than one dollar.*

Information Requested	Response
A. Total budget for all victimization programs/services for this agency (The amount reported is for the current fiscal year. Include the subaward amount reported in Question 4.)	<input type="text" value="\$ Amount"/> (Required)
B. Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year (Identify by source the amount of funds allocated to the victimization programs/services budget of the subgrantee agency.  Do not count funds in more than one category.  OTHER FEDERAL includes all federal funding except the subaward amount reported in Question 4.)	<div>B1. Subaward Amount: Pre-populated</div> <div>B2. OTHER STATE/TERRITORY: <input type="text" value="\$ Amount"/> (Required)</div> <div>B3. OTHER LOCAL: <input type="text" value="\$ Amount"/> (Required)</div> <div>B4. OTHER FEDERAL: <input type="text" value="\$ Amount"/> (Required)</div> <div>B5. OTHER NON-FEDERAL: <input type="text" value="\$ Amount"/> (Required)</div>
C. Total number of paid staff for all subgrantee victimization program and/or services (Count each staff member once. Both full and part time staff should be counted as one staff member. Do not prorate based on FTE.)	<input type="text" value="Whole Number"/> (Required)
D. Number of staff hours funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services (Total count of hours to be worked by all staff members supporting the work of this VOCA subaward plus match.)	<input type="text" value="Number of Hours"/> (Required)
E. Number of volunteer staff supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services (Count each volunteer once. Do not prorate based on FTE.)	<input type="text" value="Whole Number"/> (Required)
F. Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services (Total count of hours to be worked by all volunteers supporting the work of this VOCA subaward plus match.)	<input type="text" value="Number of Hours"/> (Required)



# SAR Entry & Completion

Overall Comments(Optional):

You have 5000 characters left. (Maximum characters: 5000)

Go Back

Save & Continue



Click Here

For technical assistance, contact the OVC PMT Help Desk at [ovcpmt@usdoj.gov](mailto:ovcpmt@usdoj.gov) or call toll-free 1-844-884-2503.  
The Office for Victims of Crime is a component of the Office of Justice Programs, U.S. Department of Justice.



# SAR Entry & Completion

Do NOT mark the SAR as approved.

- The Council will review and approve.

Overall Comments(Optional):

☐ Mark the SAR as Approved.

Add Comments

You have 500 characters left. (Maximum characters: 500)

[SAVE](#) [Close Window](#)

Click Here

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# Reporting Requirements

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# Reporting Due Dates

## Quarterly Reports

	1ST Qtr Jul 1 – Sep 30	2nd Qtr Oct 1 – Dec 31	3rd Qtr Jan 1 – Mar 31	4th Qtr Apr 1 – Jun 30
Financial Report & Match Documentation	October 15th	January 15th	April 15th	July 15th
Performance Measurement Data				

## Annual/Bi-annual Reports

Subgrant Award	September 1st
Goals & Objectives	January 15th/July 15th



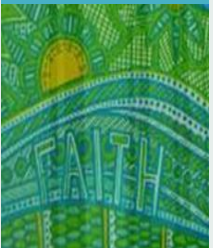


# Program Monitoring

# Program Monitoring

- Organizational Assessment
- Record Retention
- Remote Monitoring
- Agency Audit Report

*(This is a partnership. We're here to help you!)*





# Final Thoughts

# Start-Up Documents Checklist

- Signed grant agreement (return to DHW)
- Worker's compensation insurance
- Comprehensive general liability insurance policy (\$500,000.00 minimum)
- Professional (malpractice) liability insurance, *if applicable*
- Office and/or shelter lease agreements
- Service contracts (legal services, counseling, etc)
- Professional certifications, licenses



# Also...

- Report any criminal, civil, or administrative investigations to ICDVVA within 5 business days
- ICDVVA printing and mailing funding acknowledgment cards
- Questions? Please call us!!







Questions?





**Thank You  
for Your Partnership!**